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A study to identify and prioritize factors requiring consideration in the transfer to Norway of a doctoral program designed in the United States for training human service administrators.

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A STUDY TO IDENTIFY AND PRIORITIZE FACTORS REQUIRING CONSIDERATION IN THE TRANSFER TO NORWAY OF A DOCTORAL PROGRAM DESIGNED IN THE UNITED STATES FOR TRAINING HUMAN SERVICE ADMINISTRATORS

A Dissertation Presented

By

KRISTJANA E. KRISTIANSEN

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DEDICATION

This dissertation is dedicated to

Richard, age 33, from Lancaster, England

and

Anny May, age 103, from Macon, Georgia

whom I met during Program Analysis of Service Systems (PASS) consultation work. Both of these people have lived and died alone in institutions, and are among those who have taught me that life, and death, in an institution is morally and politically unacceptable.

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ABSTRACT

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IN THE TRANSFER TO NORWAY
OF A DOCTORAL PROGRAM DESIGNED IN THE UNITED STATES
FOR TRAINING HUMAN SERVICE ADMINISTRATORS

(May 1985)

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The purpose of this study was to identify and to then prioritize the factors requiring consideration if a doctoral program designed in the United States for training human service administrators were to be used in Norway. Differences between the two lands were expected to have implications for suitability of such a program in Norway, and thus deserving of attention prior to transfer.

Method of investigation was formation of a work group of nine Norwegian human service workers and educators, whose task it was to identify and prioritize "factors requiring consideration", under the leadership of the author of this study. Study procedures included twelve discussion sessions, individual assignments, and review of written materials. Preliminary findings were reviewed and approved by four service

administrators and three consumer groups.

Ten factors were identified and described, and then ranked in one of three priority categories according to their relative importance as determinants of suitability for Norway of such a program. Two factors, "organization of education system" and "geographical/demographical variables", were rated "minor/easy to modify". Three factors, "organization of existing services", "cultural cohesion", and "historical variables", were rated as "major/probably controllable". Five factors, "locus of responsibility", "purposes of education", "management of efficiency", "resolution of conceptual dilemmas", and "current issues", were rated as "serious/probably insurmountable".

Factors identified indicated that transfer "as is" to Norway of a United States-designed program to train human service administrators is not advisable. Differences in appropriateness of purpose, content, and structure were found, requiring major re-design efforts to meet Norway's needs.

Use of a work group as an investigative method raised questions about the quality of more traditional methods of data collection and analysis, and was found to have other advantages as well, including stimulating interest for such training in Norway, and establishing a possible format for such activities.

At a more fundamental level, this study highlights the

ideological nature of questions and solutions in the fields of education and human services.

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CHAPTER I

INTRODUCTION

From earliest times, persons have assembled together in groups and communities, and have then tried to solve the problems that arise from living together. Every organized society has had its chiefs, priests, philosophers, and witch doctors who have "discovered" the problems and designed the solutions of their times, only to have them re-defined and re-invented by the succeeding generations. As societies have grown more and more complex, so has the resultant nature of their health and social problems, and so have the organized attempts to solve these problems.

Most individuals and their governments can agree that social well-being and good health for all citizens should be the priority goals of a society's service organizations. Agreeing on common goals seems, in fact, relatively easy. Exactly how to design and manage and regulate the actions toward such goals has remained more elusive, judging from the diverse range of solutions that various nations have developed in pursuit of these goals. What is more clear is that the way a society, or its controlling members, defines the origin and nature of those health and social problems that require solving, will determine what services are then proposed and developed as the solutions.

Educational processes in a society play a central part in providing the citizenry with an understanding of human problems and possible solutions. Again, there are great and immediately observable variations from land to land, in how educational processes are organized, to what extent they are formalized or not, and in regard to target populations and desired outcome objectives. Most notable are the variations concerning what content is included or excluded, and who the society recognizes as its experts and teachers. Nowhere are these variations so strikingly different from one society to another as in the fields of health and social service, where the underlying ideological questions are most intense, yet least often openly discussed.

Today's complex societies present extremely difficult challenges for the design and administration of programs and services. Management of the many recent advances in science and technology are especially challenging, particularly when coupled with increasing consumer demands for improvements in basic service and an underlying atmosphere of urgency. Many societies are struggling with the same, or similar, problems and issues, while easy answers remain out of reach.

How can today's complex societies tackle human service issues? What is the role of education in this process, and, in particular, what can higher education offer the process of social change? To what extent are "answers" that have been

designed and developed for use in one land appropriate for use in another land? These general questions formed a broad base upon which the more specific questions of this study were then built.

After recognizing the great needs for change in design and administration of human service in the United States, at least one educational program was formalized for purposes of training human service leaders, a doctoral level program in the School of Education at the University of Massachusetts. The author of this study has been a student in this program since its inception, has worked in several foreign lands as a consultant in human services, and has wondered about the potential applicability of such an educational program for meeting apparently similar needs in other lands.

This study views this particular doctoral program as one example of a way to train human service leaders, and has been designed as a first step in determining its potential suitability for use in Norway. This study assumed that many differences exist between the United States and Norway, and that many of these differences may have to be taken into consideration, in order to make such a determination. This study was designed to identify these differences, or factors, and to then rate them according to their relative importance for consideration. It was expected that this would provide information both for determining the suitability of such a program in meeting some apparent training needs in Norway,

and then serve as a guide for any necessary further work in modification of the program for actual use in Norway.

The following sections of this first Chapter begin by briefly summarizing some of the recent human service issues and developments in the United States. This is intended to give the reader some understanding of the atmosphere within which the doctoral program under study was conceived and then formed. This background information is seen as particularly helpful for the Norwegian reader, to better view the origins of this program in its historical and legal contexts. Review of recent developments in the United States is also necessary to then describe the apparent similarities in current human service issues in Norway and the United States, which in turn forms a central part of arguing the need for this study.

The bulk of information in these next sections stems from the author's personal involvement in the early developments of the doctoral program, and from working experiences in several human service fields, including a number of service systems involved in the process of change and design of alternatives, often in conjunction with court mandates. Much of this material is therefore subjective, derived from the author's own experiences, and is therefore open to questions and debate, and is for the most part unreferenced.

This Chapter will then describe the problem as it was formulated for study, including documentation of the study's need and purpose, and then followed by the specific research

questions, assumptions, and hypotheses. The methodology for the study will then be briefly outlined, including its limitations, delimitations, and some comments about the possible future application of results.

Background Developments in the United States

The complexity of human service tasks is perhaps most evident in the United States, which remains the only major industrial nation in the world without some form of national system of health and social service. Various combinations of private, voluntary, religious, and public agencies have been involved in service provision throughout the two centuries of United States history. This loose array of services and programs has never been organized into a single system, and the role of State or Federal government in service provision has always been a heated political topic. Most sensitive are the questions of funding and regulation, and all proposals suggesting a national service system.

According to Stevens, services in the United States can be called a "system" only if using the word in terms of the "anatomy and physiology through which services are provided", and "not implying any cohesive, centralized organization" of services (1971). She adds that this "system" is in a state of "upheaval". While this is not surprising news to most of us, neither the causes nor the present dynamics of this upheaval

are easily explained. Cycles of demands for change, followed by responses from government, are present throughout United States history.

Today's atmosphere of turbulence has some of its most important roots in the early 1960's, when the struggles for Civil Rights and the student rebellions fueled an expanding consciousness of human rights, inequality, and oppression in North American societies. These were followed by a resurgent women's movement, which once again called for equality and fair conditions, irrespective of sex. These awarenesses and struggles soon spread to include the consumer of health and social services, especially those individuals served --or underserved-- in the city, county, and state institutions. A burgeoning sense of crisis developed in all areas of health and social services, with the voice of the consumer playing a central role, and with tremendous pressures for immediate response.

The earlier ideas for shaping new directions came from the rhetoric of the "humanistic" movement, and only later defined as having clear implications for needed changes in the design of human services. Thus, an understanding that each person could change and be helped, that one should be able to obtain treatment services, and that these services must be provided in equitable and humane ways preceded the decisions about how this could actually be accomplished.

Initial concern was focussed on the issues of inequity,

and especially in regard to service distribution and access. Persons were seen as having problems because they were not receiving sufficient care and treatment, either because it was not available, not affordable, or simply denied. Many of the early demands and responses were aimed at reducing the barriers between the consumer and services, most notably the barriers of cost and proximity. Federal legislation played a key role in closing some of these gaps between consumers and services. The Medicaid program, for example, also known as Title 19 of the 1965 Social Security Amendment, was designed to eliminate cost as a barrier. The OEO Neighborhood Health Centers Act of 1964, and the Community Mental Health Centers Act of 1965, were enacted to address the problems of local proximity, especially in low-income, urban communities. The Regional Medical Programs (Public Law 89-239) of 1966, and the Comprehensive Health Planning Acts enacted in the same year, were attempts to encourage planning that could better guarantee equitable distribution of services.

The most dramatic crises focussed on quality of life in the large institutions for individuals labelled mentally ill or mentally retarded. These places provided little or no treatment, were typically overcrowded and understaffed, and often were not meeting the most basic human needs. Not only were most individuals not provided with any opportunities for positive change and learning, but many individuals actually worsened during their stays in "service" institutions, which

were optimistically called "schools" and "hospitals". Via a succession of media exposés, the general citizenry was made aware of these conditions, and responded with surprise and outrage. Public opinion, in part created and maintained by the media, has been a powerful source of pressure for change in human services.

Sympathetic service workers in various service settings verified reports of conditions, both in the institutions and in poor communities, demanding everything from more money to total structural reform. Inside some institutions, workers were instrumental in organizing consumer groups to initiate legal action. In several community actions, the best example of which may be the Lincoln Hospital Mental Health Center in New York, workers within the system rebelled against the system, in the name of increased community control. At about the same time, students and workers at New York's Columbia University joined Black and Hispanic neighbors to challenge Columbia's involvements in the military-medical-industrial complex, and pointed out the striking inequity in Columbia's "services" in its local communities, particularly in mental health. Many of these community actions underlined the lack of positive results from the legislation of the mid-1960's, most of which seemed to have led to skyrocketing costs, with no noticeable improvement in the health or well-being of the citizenry.

By 1969, the human service crisis in the United States

was "official", via a special announcement from President Nixon. This "crisis" was confirmed by several academic and economic experts, who joined the ranks of those documenting the need for changes. A sense of urgency grew, and the role of the federal government strengthened its attempts in the shaping of human service decision-making.

Federal Response

Both Federal legislation and test case litigation have had important parts in steering the change process. Several federal laws were enacted in the early 1970's, establishing "rights" for individuals incarcerated in public institutions. Perhaps most significant was the 1973 passage of Public Law 93-112, more commonly referred to as the Rehabilitation Acts, which extend civil rights to citizens who are "handicapped", and prohibit discrimination "based on any real or perceived handicap". Another noteworthy legal action was passage of Public Law 94-142, which extends the right to a free public school education to include all children with "special needs". The 1975 Developmental Disabilities Act and Bill of Rights, or Public Law 94-103, affirmed the right of persons who had certain diagnostic labels to receive care. In addition to establishing this "right to treatment", this law included the important phrasing that services be located in "settings least restrictive of personal liberty". Of interest here also

is that this law provided federal resources only to those States having a written plan to "eliminate inappropriate institutional placements".

Federal laws and their resultant regulations typically have few if any implementative mechanisms, and provide the States with general guidelines only. In the United States, test case litigation has become a commonly used vehicle to further define and "test" the rights of individuals at local levels. Such court decisions cannot change regulations that already exist, but can lead to future amendments, and have had major impacts on how States must interpret regulations. Lawsuits are typically raised against an institution, or an entire State, and decisions made in favor of the defendents include court-ordered mandates describing what must occur to improve the situation. In this way, Federal courts have had a great impact on shaping the directions of local service developments.

Many litigation cases are "class action" suits, where a ruling handed down in Federal court concerns not only those individuals who initiated the lawsuit, but all citizens in a similar situation, thus having immediate, direct implications for all persons in all States. Most notable of such test case decisions, in terms of its far-reaching impact on all areas of human service, was the Haldemann vs. Pennhurst case in the Commonwealth of Pennsylvania. The judge in this case decided

that a State School or Hospital is in and of itself illegal, based on his interpretation that they violate the federal regulations outlined in Section 504 of Public Law 93-112, that persons not be discriminated against on basis of handicap, and that a segregated service is such a discrimination. This ruling has often been called "the right to be out of an institution", and many States are now attempting to comply with mandates which have their origins in this test case.

Definition of New Directions

Consumer demands, media-enflamed scandals, public outrage, and lawsuits combined to create an atmosphere of chaos from which positive change began to emerge. Underlying these demands for change had come new thoughts about who had what problem, and why, paralleled by a growing awareness that the problems which needed to be addressed in human services were perhaps not so easily defined. The earlier focus on obtaining service, and improving service delivery to guarantee that a service would be obtainable where and when needed, became complicated by new challenges questioning the content of what was being obtained. A "right to treatment" was, after all, helpful only if treatments obtained were effective. Serious questions were raised in the early 1970's regarding the power of the medical establishment in defining human problems and providing medical solutions, including well-grounded attacks

on the effectiveness of psychiatry and scientific medicine.[1] Most of what was being done to "help" people with many types of problems was viewed with new and more critical eyes, and found to have few or no positive effects.

Critique and challenge were eventually directed at the most fundamental levels, questioning all aspects of existing services, including:

1. what was provided (service content),
2. where services was provided (service setting),
3. how service was provided (service processes),
4. who provided service (worker identity and roles),
5. to whom service was provided (target populations),
6. why service was provided, or not (service function).

These questions pervaded every service field, including both health and social services in general, as well as the more categorical areas of mental retardation, mental illness, physical disabilities, ageing, alcohol and substance abuse, and corrections. Mounting concerns over the likely costs of service improvements highlighted the ideological nature of the issues to be addressed, and intensified the pressure for immediate solutions.

In early discussions of defining what changes would be necessary in order to follow up on these serious challenges

[1] A more complete and referenced discussion of this issue is included in Chapter II of this study.

to improve service quality, the following re-directions can be identified:

1. a new focus on what was called "prevention" and health promotion,
2. shift from medical ("disease-cure") approaches in mental retardation and mental illness, to educational and psycho-social approaches,
3. dismantling of centrally organized service bureaucracies, to be replaced by increased coordination at regional and local levels, and decentralized authority,
4. depopulation out of the large, state-administered institutions, to be replaced by smaller service alternatives in home communities,
5. increased empowerment of the consumer, via:
   a. demystification of professionals and their knowledge, and
   b. consumer representation at all levels of service decision-making,
6. increased accountability and quality control, via:
   a. attempts to measure cost effectiveness,
   b. internal and external evaluation of programs and services, and
   c. development of professional standards and review mechanisms.

Role of Education

These new directions clearly necessitated fundamental re-thinking and re-organization of existing services. Design and implementation of new, alternative service systems would require workers and administrators with new and/or updated competencies. This in turn required a range of educational opportunities, to include alteration of existing curriculae, re-education of the existing workforce, and some totally new programs for new types of workers. In addition, new skills and updated information were needed by politicians, community leaders, the general citizenry, and for present and future consumers of service.

Various forms of education and training, the latter referring to re-education of the existing workforce, became more and more consciously used as central strategies in the process of improving service quality, as well as influencing public attitudes and responses. Staff development and training officer positions became important change-agent posts within the institutional systems.

Concept of Human Service

A parallel development at the same time was the concept of "human services". A primary intention was to differentiate the needs and problems of certain special groups of persons as not appropriately categorized under "health" or "social"

service. Much of this thinking was an effort to re-define and de-medicalize the fields of mental illness and mental retardation. Another important rationale underlying development of this new concept was the understanding that many special groups of persons had much in common, especially perhaps with regard to problem-origins and system-solutions, so that one could speak of "human" services in general, and cover issues that included many categories of problems. The issues and principles of problem-analysis, systems design, community development, and management of service systems would therefore be the same, whether the client population was mentally disturbed, mentally retarded, aged, physically handicapped, or otherwise disadvantaged.

The idea of educating human service generalists, mostly at the direct care level, was conceived in the later 1960's, and rapidly gained in popularity. In addition to improving services to clients, this movement provided respect, identity, and credentials for the "para-professional". A number of new job titles and "career ladders" were established in most of the States, providing many new and attractive opportunities and careers.

Need for New Leadership

Perhaps the most urgent and critical need was for a new type of leader in human service. The work that needed to be

done required persons who understood and were commited to the need for change in existing services, and who had skills and knowledges necessary to design, develop, and then manage the new, alternative systems.

Existing administrators were for the most part hospital or institution directors. Most were medical doctors who had risen up through the ranks over the years, usually without additional training in administration. Most of these State institutions had become self-sufficient, self-centered, and self-contained communities, functioning outside of society's mainstream, located far from major population centers. A mansion was often provided on the grounds for the director, and most personnel lived on the grounds as well. In general, there was minimal contact, interest, or involvement in life outside the institution gate. Some of these institutions had reputations for being "well-managed", but this was more a measure of efficiency of internal institutional functioning, than of developmental or therapeutic gains of the residents. Institution directors may have had some understanding of the need for major changes, but probably had little interest in altering or dissolving "their" service empires.

A second type of existing executive was the bureaucrat in central offices, at State and national levels. Many were political appointments. Most of these administrators had an educational background in business management, economics, or

law, without education or experience in clinical areas. Some others had only clinical backgrounds, without any additional training in administration. Common for most persons working at State and national levels was lack of knowledge, concern, and involvement in issues and problems of local communities, and few, if any, had contact with consumers. Resistance to change was predictable at these levels also, where many of the positions would be threatened if authority and resources were decentralized to more local levels.

A smaller yet significant group of administrators were those who initiated and directed smaller, community-based services and programs. Many of these were grant-subsidized, short-term projects, where non-traditional workers were hoping to demonstrate that alternative service structures and settings were possible and desirable. Project leaders were often clinically trained individuals with many years of experiences, and dissatisfactions, from traditional services and settings. Few had any background in administration or planning, and many of these projects were poorly managed. Most of these projects functioned outside of the existing service bureaucracy, and often in opposition to it, while remaining at least indirectly financially dependent on the same system. Survival from year to year was often a primary project goal. As a result of many external pressures, many of these projects were judged to be failures, and were not

re-funded, despite good intentions and some positive results for the clients served.

While some of each of these types of administrator had knowledge, experiences, and attitudes that could be relevant to the new needs and directions, no one could be expected to have all of the leadership competencies and qualities now required. Successful administration of an institution was an important experience, but far from sufficient. The radical, comprehensive structural reform that was underway required a number of new knowledges and skills, and a new type and style of leadership.

Definition of New Competencies

The basic leadership competencies that were needed can be described and summarized as follows:

1. The new service alternatives needed to be conceptualized and designed.
2. The process of change needed to be understood and managed.
3. The new multi-component, community-based service systems needed to be administered, in ways that would remain responsive, and flexible to future dynamics.

Having these competencies in turn required both many new knowledges and practical skills, and often change in personal

values as well. Of primary importance are the following:

1. a knowledge of systems theory, and its application to the design and function of service systems,
2. skills in community organization and development,
3. skills in planning, program evaluation, and action-based research,
4. skills in management of political and legal processes,
5. interpersonal skills, including mastery of a variety of communication and teaching methods,
6. positive personal ideologies, including (but not limited to) accepting consumers and communities as learning and working partners.

Need for a New Educational Program

The above named leadership competencies can be characterized and summarized as follows:

1. representing a broad range of new knowledges, skills, and personal qualities,
2. scarce, and perhaps non-existent, in the available work force of existing administrators,

3. important, and probably essential, if needed changes were to be designed and implemented.

By the early 1970's, opportunities for the learning of these many new skills and knowledges were still extremely limited. A few educational programs included content that was directed at some of these competencies, primarily in the area of administration. Some programs had added or modified course content, to include lectures on the management of non-institutional, community-based services. The majority of these programs were specialty majors in administration, and were affiliated with faculties or schools of public health, social work, or public administration. Additionally, most of the clinical professions had post-graduate programs, where one could specialize in administration, as well as a number of "continuing education" courses, offering a wide variety of short-term coursework in special topics.

Many of the institutional systems had begun, or expanded a "staff development" department, assigned with the task of providing inservice training for existing staff, as well as orientation programs for newly hired staff. The primary targets, however, were direct service staff, and very little was available for administrative staff.

The limitations with these existing programs were many. Markedly lacking was content directed at design of new and alternative service settings, a knowledge of systems theory

and practice, and leadership in the process of change. Many of the programs that modified their contents to follow the current trends easily appeared somewhat out-of-date, as if supporting the status quo, rather than reconceptualizing the problems that needed to be addressed, confronting existing service structures, and then designing the near-total reform that was indicated.

The need for new leadership competencies was clear, and existing education programs were not able to meet this need. Therefore, development of a new program to educate this new type of human service leader seemed necessary.

At least one example of directly stated interest and need for a new education program was expressed in one service region in the State of New York. Under the directorship of Hugh LaFave of Canada, a six-county region surrounding the capitol district of Albany was attempting to implement a new comprehensive service system for developmentally disabled persons that would be totally community-based. This attempt attracted many young and eager workers, who were commited to both deinstitutionalization and the need for development of alternatives. By the early 1970's, a number of successful service programs were underway, with work programs for multi-handicapped adults gaining nationwide attention.

However, knowledge and skills to plan services that were comprehensive, community-based, and organized as a regional system were lacking. Also recognized as needed was qualified

leadership, especially at the mid-management (county) levels. There was a great desire and need to exchange information and experience with other regions and areas engaged in similar efforts, and to increase the competency and credibility of existing leadership. This service region, known as Eleanor Roosevelt Developmental Services, had evaluated and rejected existing educational possibilities, and documented the need for a new educational program to train the type of leaders it required.

Characteristics of the Needed Educational Program

A group of individuals in New York State, most of whom were connected to Eleanor Roosevelt Developmental Services, formed a group which outlined the background history, current general need, and the desired characteristics for a new educational program to train human service leaders in the design and administration of alternative service systems.

The identified characteristics of such a program could be described as follows:

1. content: The program would include some obligatory course material, such as leadership and change, program design, planning and development, systems theory, management, and discussions of current clinical issues. Other content would vary, based on individual students' past educational and work backgrounds. The common elements of human services would be emphasised.
2. process: The main learning process would be the individual student contract, whereby each student would define most of his/her own learning needs, and then design a contract to meet these needs.

Learning processes could include group lectures by university faculty or guest lecturers, and by fellow students. Credit for practical work, and attendance at external training seminars, could also be negotiated for.

3. target group: The ideal student composition would include individuals with various backgrounds, representing a range of disciplines and service fields, as well as from many geographical areas. Also, incoming students should have a demonstrated interest in alternative services, and preferably have some management experience. Women and other minority groups would be especially encouraged to participate.

4. intensity and length: Intensity and length of the program should be flexible, depending on the needs of each student, and his/her progress. Part-time study, alongside a job in a human service field, was seen as ideal, to allow ongoing sites for practical experiences.

5. formality: Such a program must be able to award its graduates with a recognized degree credential, in order to empower its graduates into positions of responsibility and authority.

Formation of the Doctoral Program

In the early 1970's, the University of Massachusetts at Amherst declared itself interested, suitable, and commited to negotiating for sponsorship of such a program. The Mental Health and Human Service Systems Design and Administration program was established in the School of Education, originally on temporary grant money. A great many changes have occurred in the program since its beginning, while its basic purposes and commitments have remained the same. In general, the program follows the characteristics outlined in the preceding

section, and leads to a doctoral degree in Education.

Formulation of the Problem for Study

Situation in Norway Today

Changes come slowly and less dramatically to Europe's most northern and least densely populated land, but Norway has also been undergoing a time of turmoil and change. Many of the human service issues under discussion in the United States, and several of the planned new directions, are also of interest in Norwegian society.

Norway's growing strength in world markets as a major oil producer has brought both sudden wealth and much social stress. Norway's strong worldwide position as a new energy resource, and its strategic role as a NATO land sharing a border with the Soviet Union, have set Norway in the international spotlight in recent years, and have increased the Norwegian peoples' sense of global responsibility. As a land known for having excellent "health status", questions about what Norway can learn from other lands, or what other lands might learn from Norway, are often central in decisions made concerning international relations.

One of the more important recent changes in Norwegian human services is new legislation which came into effect in January 1984. This law's primary intention is assignment of responsibility for planning and coordinating health, social,

and special services at the local, or "kommune" level. This replaces the previous laws which could be described as more centrally organized and controlled, and which were primarily hospital and institution-based. This law was planned during a period of at least six years, yet specific mechanisms for management of this law's many new directions are undeveloped, and actual implementation is expected to take several more years. A number of design and management questions have already been raised, and not yet resolved. One example is the lack of clarity over re-allocation of resources from central levels to the developing local service systems.

In a book which presents and discusses the Norwegian plan for service in the 1980's, Grund describes the changing personpower needs, and mentions the possibility for new types of workers and roles (1982). A number of new positions have already been created at regional ("fylke") and local levels. This is particularly true at local levels of organization, the "kommune", which is approximately equivalent to a large township in the United States. A number of the kommunes have established a new position for the planning and managing of human services. The tasks and processes for these positions have yet to be defined, but can be expected to require many new skills in service system design and administration.

Additionally in Norway, serious questions have been raised about scientific medicine's effectiveness in meeting modern-day health problems, coupled with concern over rising

costs of treatment services and hospitalization. There is an increasing emphasis on prevention and primary health care in non-institutional service settings. Recent investigation of living conditions in the large regional and state institutions have led to plans to phase out these institutions, and to develop smaller service alternatives in home communities instead. General guidelines on what the new service settings should look like have been published by national committees working together with consumers and special interest groups. A 1975 law guarantees all Norwegian children the right to attend local schools and receive necessary support services for special needs, another process still in the planning and development stage.

Health and social services, and especially the apparent breadth of unmet needs and anticipated changes, are a heated topic in all political campaigns in Norway, and increasingly a favorite subject of the media. Many of the present problems are described as potentially solvable via implementation of the new law.

Need for This Study

Both existing problems and intended changes that have been under discussion in Norway seemed to involve many issues and tasks similar to those that had been identified in the United States. Designing and reorganization of service and management structures in Norway in accordance with new laws,

and the dismantling of the large central institutions, have presented many new and complex dilemmas for administrators, similar to those difficulties faced by administrators in the United States.

Design and administration of new service systems in Norway is likely to require leaders with new competencies. Existing educational opportunities in Norway have many of the same limitations as those identified in the United States, and perhaps even more so.

The Mental Health and Human Service Systems Design and Administration program at the University of Massachusetts has been one example of a way to develop the identified leadership competencies, and was thought to possibly be of use in meeting what appears to be a similar training need in Norway.

However, the program at the University of Massachusetts was designed to meet a need in the United States, a need that was primarily identified by human service workers themselves, and who later formulated much of the program's contents and formats. This program content is directed toward addressing issues and solving problems within the system and society of the United States. Norway and the United States differ in a number of ways, and some of these differences were thought to possibly have implications for the appropriateness of such a program for use in Norway.

Some differences may be expected to influence what type of program content would be relevant. Norway has, for example,

national health and social insurances, organized in a system that is well-established, state-owned, and with guaranteed availability for all citizens. It was thought that some other factors, such as Norway's relatively small population, its unusual geographical features, and its strong cultural and historical traditions, could also be factors that deserve consideration. Such differences would have implications for determining the suitability of educational program content designed for use in the United States.

Norway also has an education system that is organized in a different way than that of the United States. This is especially true at the higher levels of education, including the human service fields. Such a difference could possibly have implications for how an educational program from the United States could be placed into the structures of Norway's educational system.

Thus, while the University of Massachusetts program appeared to possibly be of use in meeting similar needs in Norway, there were likely to be differences between Norway and the United States that would have to be considered prior to duplication and transfer of such a program. Identifying these differences was seen to be one of the essential first steps in developing an interest and awareness of the possibility of such a program in Norway, and for later defining modifications of the program, if needed.

Purpose of the Study

The purpose of this study was to identify and then to prioritize those factors that would require consideration, if a doctoral level program for the training of human service administrators, such as the Mental Health and Human Service Systems Design and Administration program at the University of Massachusetts, were to be duplicated, as is, for transfer from the United States for use in Norway.

Research Questions

This study attempted to answer the following questions:

1. What factors would have to be considered, if a program such as the Mental Health and Human Service Systems Design and Administration program were to be duplicated for transfer from the United States for use in Norway?
2. Which of these factors are the most important to consider?

Assumptions

This study was based on several fundamental tenets and assumptions, established in varying degrees in the preceding sections of this Chapter. These assumptions underlie the purpose of this study, have influenced its approach, and have guided its study design and its discussion, and therefore are

outlined here:

1. Social change is an ongoing, dynamic, and often chaotic process, which can be influenced in more positive directions by a competent leader.
2. The present challenges in health and social services require a new type of leadership.
3. Leadership competencies can be defined, and skills such as design and administration of human service systems can be learned, via a formal educational program.
4. Educational programs can and probably should have variations from land to land, and these variations are likely to be most appropriate if defined by and within the land itself.

Hypothesis

This study was designed to test the following five hypotheses, which are related to each other in consequent fashion:

1. that some differences exist between Norway and the United States,
2. that some of these differences may have an impact on desirability or suitability for Norway of a doctoral program for training

human service administrators designed in the United States, and are therefore factors requiring consideration,

3. that these factors can be identified,
4. that these factors vary in their relative importance as factors requiring consideration,
5. that the identified factors can be ranked in order of their relative importance for consideration, and thus prioritized.

Explanation of Terms

1. program: The term "program" refers to the Mental Health and Human Service Systems Design and Administration program, School of Education, University of Massachusetts at Amherst, as it existed in school year 1976-1977. It should be noted that this program has undergone many changes since it began, with regard to its title, its staffing, its funding, and its placement within the various Divisions of the School of Education. The author of this study was one of the original students from Eleanor Roosevelt Developmental Services, and had most contact with the program in its first five years. The program is hereafter abbreviated "MHHSSDA program".

2. factors requiring consideration: This term refers to those differences between the United States and Norway, as

identified by the work group as variables having implications for the suitability for Norway of a doctoral program for training human service administrators designed in the United States, and therefore deserving attention prior to transfering such a program to Norway.

3. priority: This term refers to the ranking of the factors requiring consideration, in order of their importance for consideration, and judged in terms of their relative weight as determinants of suitability of a program such as the MHHSSDA program for use in Norway. Further definition of this term is operationalized by the work group, and is presented in later Chapters of this study.

Study Design

The central investigative method for this study was the author's forming and leading a group of nine human service workers in Norway, whose assigned task it was to identify the "factors requiring consideration", and later prioritize them in order of relative importance for consideration.

This work group was responsible for designing its own process for gathering, discussing, and analyzing information, in order to achieve its assigned tasks of identifying and prioritizing the factors. The author of this study functioned primarily as a non-directive group leader, with responsibility for recording the work group's process and results.

A full description of the methodology for this study is presented in Chapter III, including background for selection of such a study design, description of group membership and roles, and the group's working and recording procedures.

Limitations

This study is limited in the following ways:

1. This study was limited to two lands, Norway and the United States, and applicability of results to other lands is therefore limited.
2. This study was specific to the fields of human services and administration, and applicability to other fields of discipline is therefore limited.
3. This study was limited by its own research design, in that results were dependent on group membership and on their work process. The validity of this study design was not pre-tested.
4. Reliability of results may be limited, both because of reliance on group membership, and because of the use of descriptive data.
5. The purpose of this study was to identify factors that would require consideration *if* an education program such as the MHHSSDA

program were duplicated for transfer from the United States to Norway, and not to draw conclusions about program relevance for use in Norway, nor to specify needed program modifications for use in Norway. This study therefore provides data that are of limited use in and of themselves, and which serve only as a basis for further work.

Delimitations

This study is delimited in the following ways:

1. This study has not questioned the MHHSSDA program's intended purposes, content, nor outcomes.
2. This study has not attempted to determine if such a program is needed or wanted in Norway.
3. This study has not attempted to resolve the many conceptual and ideological issues that exist in education, health, and human service, but has raised such issues only in relation to factors requiring consideration in international transfer of the type of educational program under study.

Usefulness of Results

By identifying some of the differences between Norway and the United States as factors requiring consideration if an educational program such as the MHHSSDA program were to be transfered from the United States to Norway, this study forms one of the first steps of a larger and longer process. The value of this particular study is thus largely dependent on the other parts of this process being activated and followed through. The results of this study could then be useful as a basic foundation source for this further work.

First the need and desirability of an education program to train human service leaders must be researched in Norway. This study was thought to possibly be helpful in stimulating such discussions and activities.

Secondly, if the need for such a program in Norway were to be established, then this study's results are expected to be helpful both for shaping general directions, and in defining some specific areas for program modification. It would perhaps be the modification of program content, re-definition of outcome objectives for program graduates, or placement of such a program in the existing structures of the Norwegian educational system, that this study could provide some useful discussion material.

This study is expected to be most helpful to individuals in Norway interested in the possibility of starting such a

program to train human service leaders. Additionally, persons associated with the MHHSSDA program and similar efforts in the United States may find this study of interest, in highlighting certain issues not previously considered, which might lead to constructive discussions and possible minor alterations of the original program(s) as well. Furthermore, persons from other lands interested in beginning such a program could find this study useful, in stimulating an awareness that some factors may also require consideration in their cases as well.

CHAPTER II

REVIEW OF THE LITERATURE

Intentions

The purpose of this Chapter is to summarize the review of the literature made prior to this study.

The original intention of the literature search was to locate written materials related to the topic under study, most especially any readings that discussed issues requiring attention when educational programs designed for use in one land are used in another, and specifically in the field of human services administration. This is, of course, a narrow field of interest, and not one reading was found addressing precisely this issue. The search for readings was therefore expanded, to include more general, yet related, topics.

The first major body of literature that was reviewed was several areas in the field of comparative education. Attempts to find readings discussing transfer of educational programs from one land to another uncovered mostly only very general issues, or very specific, technical points. Most of these discussions had little or no later relevance for this study, but are included here in this review, both because of fundamental issues they raise for international exchange of education programs in general, and because of their possible

relevance anticipated prior to this study. These points are described in a subsection called "international transfer of educational programs". A related group of readings discussed the role that education has in a society, and relationships between educational and political systems. Since this later became a central discussion topic in this study's work group, these readings have been grouped in their own subsection. This is called "role of education in a society", and together with the above-mentioned subsection, forms the first section of the literature review, entitled "Issues of Comparative Education".

The literature review was then broadened to include topics in human services and administration. A difficult task was then limiting the scope of such a review, in a way that would be both comprehensive and helpful. The intention of the literature review became more directed toward a search for background information which could assist in the design of a suitable work procedure, limit the hypothesis, and serve to guide at least the initial discussions of the work group. A major search focussed on reports of variables said to have an effect on the design and administration of human services, especially those variables known to vary from land to land. These readings were expected to provide helpful information for the framing of the work group's preliminary discussions. A difficulty here was to present a comprehensive, objective

review of these variables, and to present them as possible variables, so as not to form or lead opinions of the work group. These readings are described in the second section of this literature review, and entitled "Variables Affecting Service System Design and Administration".

It should be noted that reading comparative studies of Norway and the United States was considered not appropriate to a pre-study literature review, as reading and discussion of materials comparing certain aspects of the two societies, such as differences in structure of the education systems, would later form an important component of this study's work procedure.

Any casual look at current literature in the fields of health and social service gives one the immediate impression that many definitional and conceptual dilemmas exist, and that these remain confused and unresolved, or that they have been resolved in contradictory directions. Such issues demand at least brief recognition in any study addressing topics in human service today, and were seen as particularly relevant for this study where comparisons are made between two social-political systems. A description of some of the more central of these dilemmas reported in the literature forms the third and final section of this literature review, and is entitled "Unresolved Conceptual Dilemmas".

Limitations

The literature review was complicated by the fact that much of the reviewed literature was read in one of the two Norwegian languages, thus requiring ongoing translation into English words and concepts for use in this paper. While the translation of single words is difficult enough, translation of concepts requires almost a re-invention, and always with risk of altering or even perverting the originally intended meanings. Concepts associated with systems theory and human service administration remain particularly underdeveloped in the Norwegian languages.

This literature review was also delimited primarily to readings available in Norway.

Issues in Comparative Education

International Transfer of Educational Programs

There seems be to general consensus in the literature that education programs designed for use in one land can be inappropriate when used in another land. The potential problems as reported in the literature appear to be of several types. Some reports specifically name the inappropriateness of an education program's contents, the relevance of which can vary with culture. Other studies mentioned educational

formats that are more suited to one land than another, thus reflecting differences in educational process and structure for how content is delivered. A great many references exist describing problems associated with international exchange of graduates, trained in one land and working in another. Such problems are reported to occur both because of problems with relevance of content learned in another land, and also from differences in recognition and credentialling of the various professional disciplines from land to land.

The World Health Organization (WHO) lists exchange of information from land to land, including the development of training programs and the use of training consultants, among its activities. While WHO has done much to improve conditions in many less-developed lands, especially in times of crisis, a substantial number of problems have also occurred, some bordering on widescale disaster and scandal, as reported by Evang (1974), among others.

First, highly trained specialists or training programs that teach highly advanced knowledge have been found to have little use in lands where more basic needs have not been met. Simply stated, it is the content of what is provided that is most often not appropriate. As Evang states, (that which is) ...."applied with excellent results in economically and technically developed countries cannot be transformed directly to less developed lands". (p.11)

Some international health workers provide training that leads to shortterm positive results, but that have negative consequences over a longer time. Some of these problems were unexpected, while some training programs, including several sponsored by WHO, have been unveiled as methods to teach a dependency on products and technology in lands where their use is questionable, in order to develop new markets. Brown (1976), Navarro (1976), Turshen (1976), and various writers from the Health Policy Advisory Center of New York, among others, have documented and warned of the political and ethical questions involved in the international exchange of information related to the helping professions, and the use of health-related knowledge, both that which is offered and that which is withheld, as commonly used and very powerful "weapons" of international policy.

Transfer of educational programs among countries of a more similar developmental status, such as the United States and Norway, is rarely mentioned in the literature. References implying that such exchange of program content does occur, and that these exchanges are generally positive and helpful, are numerous. Problems most often mentioned are those related to differences among lands in credentialling of graduates in various fields, and variations in the recognition of some disciplines.

Some disciplinary fields are simply not recognized in

lands which do not themselves have such training programs. Many of the specialist fields in the United States have no counterparts in other lands, at both professional and para-professional levels (NOU, 1972). "Developmental specialists", trained primarily as an expert in the field of mental retardation, is a discipline that has existed for many years in most lands, yet remains non-existent in the United States. Other professions struggling for recognition in the United States have long-established and respected histories in many other lands, for example midwifery and acupuncture.

What appear to be minor technical points in such cases may, in fact, reflect more significant issues. That physical and occupational therapists trained in Norway do not meet pre-examination criteria established by the licensing boards in most States appears to be a simple matter of lacking some "liberal arts" coursework required in the United States. More serious is the question of why most foreign-trained medical doctors do not meet Norwegian standards in areas of social and preventive medicine (Evang, 1976). Thus, program content or an entire field of discipline that one land recognizes as relevant or not <u>can</u> have wider implications, and raises some important questions. Public health, for example, does not exist as a separate field in most lands outside the United States, including not in Norway, and leaders in the Nordic lands have asked, "What health is <u>not</u> public?" (Evang, 1975).

These few examples from the literature indicate that some differences exist from land to land, in what training content is needed or wanted, and which disciplinary fields are defined as worthy of recognition, and that some of these differences can cause problems between lands, when exchange of program content or graduates is attempted. More important than the actual problems caused by these differences, may be those questions raised about why these differences exist, especially between lands of similar developmental status.

Role of Education in a Society

Definition of education and its dynamics, descriptions of the function of education in a society, and explanations of the relationship between education and society are expansive topics in the literature. Definitions of "education" abound, and for the most part appear to be inexorably related to questions of the role that education has in a society.

Is the role of education to develop all individuals to their fullest potential, with "education for all" as a main force for equality? Is education the same as socialization? Or should "education" mean only the formal learning processes such as books, the institutional system of school buildings, teachers, examinations, and attainment of credentials after mastery of facts? Massiales has been among those who have asked such questions (1969). He has reviewed the many ways

to define education and understand its role, and offers his own concluding definition that "education is an instrument of the State, invested with the task of creating obedient citizens" (1969, p.9).

Is the role of education to support society, develop society, or challenge society? Hellesnes discusses this and other issues, and provides useful discussions for Norwegian readers of the concepts of socialization and education, and their relationship to surrounding socio-economic structures (1975). His discussion of education and socialization as a form of "adjustment" to existing social structures, and his analysis of developments in education as a function of their role in producing or legitimizing technology are especially thought-provoking, albeit not completely original. He also offers a powerful argument that the role of education should be to assist people in understanding their society and their place in it, and in being able to critically and constructively participate in its change. This is similar to earlier and better-known writings by Paulo Freire (1968).

Bowles and Gintis suggest that the role of education cannot be adequately described nor understood outside of a broader analysis of its historical relationship to society (1976). Their work remains one of the more scholarly marxist analyses of the United States school system, and included an important critique of the popular writings of Illich (1970),

and others such as John Holt who advocate for the individual and families taking responsibility for their own schooling. Bowles and Gintis also provide an understanding of the dialectic relationship between education and society, including the argument that schools reproduce social inequality rather than ameliorate it, and that an educational system trains individuals to function in ways that will support the economic interests of the society (1976,1981).

McKnight's writings add that training of human service workers, and particularly the development of new specialties, is more dependent on economic needs than on actual consumer needs, and that many societies create new service needs as a means to bolster the service economy (1978,1982).

Many perspectives and questions exist concerning definition of education, and the role and relationship of education in society. Explanations vary from theorist to theorist, with clear ideological overtones, and a highly predictable likelihood that variations exist from land to land in how such questions are operationally defined and put into action.

Variables Affecting Service System Design and Administration

The second part of this literature review will present those variables reported in the literature as having likely

effects on the design and administration of human services and systems, and those affecting the change process. Focus will be on those variables likely to show variation from one land to another.

Organization of Existing Services

The level of service organization has obvious impacts on service administration. Advantages and disadvantages of service organization at central, regional, and local levels is a common topic in the literature. Most commonly discussed seem to be relationships between level of service organization and the issues of effective coordination, degree of social control and responsibility, cost-effectiveness, and local relevance.

Issues of social control and centralized organization are discussed from an historical perspective by Rosen (1974), and more theoretically by Hage and Aiken (1970). Most current literature discuss centrally-organized services in a negative light, primarily as inefficient and cumbersome to manage.

In the United States literature from the 1960's, there was a renewed wave of arguments for increasing both power and resources at more local levels of service organization. Increased control by local communities was reported to be more efficient, likely to solve problems of access and local proximity, and more likely to guarantee responsiveness to

local needs. Arguments for the neighborhood health center movement by O'Donnell are typical of this line of thinking (1969,1970). Joshua Horn's moving descriptions of barefoot doctors in China helped popularize the idea of human service generalists bringing service "out to the people" (1969).

Many writers describe regional organization of service as superior, particularly for some functions such as planning, coordination, comprehensiveness, and service specialization. In a study of regional planning methods in Sweden, Navarro comments that, "Planners have recognized that regions have indigenous socio-economic characteristics and problems that require special consideration", and that, "of the different levels on which social planning can take place, the region has emerged as a fundamental unit" (1970, p.386). Both Hogan (1977,1980) and Wolfensberger mention formation of service regions, and public empowerment of service region administrative bodies as essential pre-requisites for the development of quality community-based human services, and also describe the desirable characteristics of such regions.

The later 1970's have witnessed a rise in popularity of "smaller" units of service organization, including the neighborhood, organized citizen groups, the extended family, and even the individual him/herself. McKnight (1978) and Boyte (1980) are amoung those who advocate for neighborhoods as service bases, and organized citizen actions as important

positive forces in developing local service options. O'Brien and Lyle point out that people on both the political "left" and the political "right" are now arguing for more control at these "smaller" levels of service organization, and that while their arguments are very different, their proposals are strikingly similar, and may thus provide opportunities to work together, and build common platforms (1983).

Service Type

A variable called service "type", referring to whether control over service provision is public, private, religious, voluntary, or mixed, is another variable affecting design and administration of service. Analysis of service type and its implications for the design and management of services is provided in many writings by Wolfensberger, among others. Wolfensberger's discussion of possible roles for religious and voluntary groups in service provision is especially of value (1973,1983). The variable of service "type" is closely intertwined with issues of control, decision-making, method of payment, and discussions of responsibility.

Focus on cost as a major part of the modern-day crisis in human services has led to increased interest in the issue of financing systems. Health Maintainence Organizations, or "HMO's", written into law as Public Law 93-222 in 1973, represent significant structural reform in the United States,

switching payment method from fee-for-service to a prepaid group insurance, and creating a series of new challenges for service administrators. Paul Ellwood (1975) and other health economists defined many of the problems in human services as resulting from ineffective market forces, and were among the few arguing for decreased regulation during the mid-1970's, as part of the solution to the United States health crisis.

Proposals to allow for more flexible financing options, including the possibility of private service purchasing, recently reappeared in both England and Norway, and have been met with sharp reaction from human service leaders. Salmon (1975) and Kelman (1977), among others, discuss some of the broader political implications of various financing systems in human services. National health insurance schemes are often debated in the literature, with discussions of cost and efficiency often veiling issues of quality, justice, and control, as pointed out by Fraser (1973) and Salmon and Berliner (1979).

Legal Basis for Service Provision

Existing legal bases for service provision vary from land to land, both in terms of what legal rights a citizen actually has had established by law, and also how important such legislation is viewed in the process of changing and developing services.

Bennis provides a general discussion of the important role that legal processes can have in assisting the process of change (1976, p.41). Gunnarsson and Gűstafsson report that legal action and the associated new political structure were essential predecessors for the major reform in Italy's mental health service, but that similar attempts in Denmark proved less helpful (1982). A good review of the role that legal actions played in the Italian mental health reform is provided by Skårderud (1984).

Lund (1982) is among those who suggest that clarification of legal rights for institutionalized mental patients is critical in the process of improving service directions. A number of consumer action groups in the United States list challenge of existing legal structures as an important tactic for change, as described for example by Bilken (1983). A broader and firmer declaration of this issue has been offered by Wolfensberger, and elaborated by Hogan (1976), calling "service as a right" as an essential criteria in development of quality community-based service systems. Hogan together with MacEachron later developed an evaluation tool for the assessment of regional service plans, which provides a way to measure what they call the adequacy of a service region's "statutory basis for service provision" (1980). Several examples of planning and developing community service systems, in relation to legal actions, are provided in the useful book

edited by Flynn and Nitsch, entitled Normalization, Social Integration, and Community Services (1980).

Demographic/Geographic Variables

A number of demographic variables are mentioned in the literature as having important influences on administrative decisions and design of service systems. Population size is clearly a management issue, and is mentioned in nearly every list of variables to be considered when planning services. What has been called the "cultural cohesiveness" of an area has also been more and more frequently reported as having an important part in developing service that is relevant for a local population. Some good examples of the importance of local cultural values and norms are described by O'Brien and Lyle (1983) and by Wolfensberger (1972,1983). The cultural differences in rural areas of the United States and their impact on service design and needs, is described by Vail and others (1973).

Size, shape, and other physical features of the region to be managed are listed by many authors as essential to consider, especially as determinants of effective service coordination and access. Geographical variables are also closely related to transportation and communication possibilities and limitations, as well as the formation of cultural and economic subgroupings, all of which are reported as

having effect on design and administration of services.

Other Variables

Other variables mentioned in the literature as having implications for service system design and administration are briefly listed in this last subsection.

Grund mentions that local and regional tax bases, and established employment patterns in an area, are important to consider when planning new service directions (1982). A factor called "co-terminality", or a service region's having common boundaries with other established regional units, such as education and political divisions, is seen as desirable for easier planning and developing of services, as reported by Hogan (1980), and others. The number, quality, history, and type of existing services in an area are also said to have great impact on future developments, as mentioned and discussed by a number of the above authors.

Unresolved Conceptual Dilemmas

The third and final section of this literature review presents some of the major unresolved conceptual dilemmas that exist in human services today, and which underlie the atmosphere and process of change.

Dilemmas: Defining the Problem

Major problems of definition exist in the fields of human service. The difficulty in finding a definition of the concept "health" that is useful, accurate, and measurable, is widely discussed in both the American and the Norwegian literature. As Kelman states, "perhaps the most perplexing and ambiguous issue in the study of health since its inception centuries ago is its definition", (1975, p.3).

Most definitions of health and illness have been based in biology and medicine, often defining health simply as an "absence of disease", and leaving definitions of disease to the process of diagnosis. Many definitions of health, such as the widely known WHO version, "a complete state of physical, mental, and social well-being", are stated in positive terms, but still are not very helpful, and clearly are not measurable. Evang, through his leadership activities in WHO, has been for several decades involved in discussions on an international scale concerning the difficulties of defining "health" and "illness", and the reader is referred to his writings for an international and historical review of the issue (1974,1976,1978).

The often-quoted works of Talcott Parsons provide some of the first modern-day sociological analyses of "sickness", and include a description of the "sick role" in society (1951,1972). Parsons defines sickness as the "incapacity of

the individual to effectively perform the roles and tasks for which he has been socialized", (1972, p.117).

That the experience of pain and sickness is culturally determined, and therefore relative, is described first in a well-known study by Zbrowski (1952), and followed later by a number of studies with similar results and conclusions.

Dilemmas in defining health and illness are challenged at even more fundamental levels by Dubos (1959) and Sontag (1979), both of whom offer "existential" perspectives on the nature of the definition process. Kelman has reviewed and critiqued existing definitions, calling Dubos "experiential", and Parsons "functional", and instead provides an argument for a social understanding of the process of defining health and sickness (1975).

Sociological theories of deviance and devaluation have also contributed much to our understanding of the problems to be solved by human service. The social process of defining who has what problem and why are discussed by Schur (1971), Goffman (1961), Wolfensberger (1969), and Erikson (1964), as well as others. Freidson adds that, as we understand "illness" as a problem of social deviance, then the issue of separating physical problems from psychological ones becomes inaccurate and also misleading, as such a split leads us away from defining society's role in finding solutions (1970).

Social construction of all problems, and the social

construction of reality itself, is offered by Estes (1981). Various questions have also been raised about the "existance" of mental illness. The ideological, historical, and cultural dimensions of defining mental illness are discussed by Szasz (1967,1974), Liefer (1969), and Foucault (1965, 1973), among others. Foucault offers perhaps the best historical view of this as a "dilemma", and includes solidly developed arguments for its definition varying from culture to culture, and over time.

Others, most notably Laing (1969,1970,1972) and also Cooper (1965,1967), who have become known as "anti-psychiatrists", view mental illness as a healthy response to an unhealthy society. The international "Madness Movement" has a similar line of thought, and views "being crazy" as one way to be different in societies that have low tolerances for differentness. Kelstrup provides a description of this movement and its ideology (1983).

The definition of, or existence of, other human problems is reported as equally controversial. McKnight (1982), Estes (1981), and Matthews (1979) all discuss the "problem" of being old, as a "newly discovered" problem category in the United States. Ageing is a difference that may be valued, or greatly devalued, and shows tremendous cultural variation. McKnight and Estes discuss the growing field of "geriatrics" as a constructed specialty, related to the service economy

of the United States, more than having a basis in what older citizens need or want.

Marc Gold offers a similar analysis in the field of mental retardation (1975). Is the person who is labelled as mentally retarded a medical problem, an educational problem, a social problem, or an individual who "becomes a problem" because of his or her inability to produce what the society wants and expects? Gold defines the problems in mental retardation as "ours", as a society and as service workers, in that we have not been clever enough at learning how to teach people who have learning difficulties, thus switching the locus and burden of responsibility for the problem onto us. Social roles, some of them highly valued, of mentally retarded persons are historically described, across many cultures, by Wolfensberger (1969).

Over a century ago, Virchow defined all illness and related human problems as having their origins in the social structure, specifically the economic structures. Today his ideas are embodied in a new field of study, known as "historical materialist epidemiology", which analyzes modern-day health and human problems, particularly their origins, incidence, and prevalence, in terms of social, political, and economic relations (Berliner, 1976). Such analyses, for example of "mental illness" are offered by Sedgwick (1973,1982) and Eyer (1976).

Gogstad has reviewed existing definitions and their explanations, in health services, and has categorized them into three types of definitions: biological, social, and administrative (1981).

Other explanations and definitions of illness and human misery suggest that such problems have their roots in sin, or in one's genetic make-up, or that they are learned and acquired. A more recent and popular ideology is that poor health and related human problems are in many ways self-chosen, in accordance with one's lifestyle decisions, an ideology supported by both the political "right" and the liberal "left", and reviewed by Crawford (1977,1978) and Berliner (1977), who point out the built-in implication of "blaming the victim".

Dilemmas: Defining the Solution

With so many unanswered questions concerning the origins and nature of the problems to be addressed in human services, or even if such problems exist at all beyond their definitions, it is not surprising that the organized service attempts to provide solutions are also debated in the literature, and present as many dilemmas as answers.

In discussing the problems associated with defining the problem, Sundby states that it is important to remember that definitions have no value in and of themselves, outside

of how they are then interpreted and operationalized (1978, p.175).

Are medical services related to improvements in one's health? Powerful documentation on the limits of scientific medicine is found in numerous reports. Perhaps the most significant study, in terms of its generating further thought and research, is the work of McKeown and Record (1962). More recent and popular critics include Illich (1975) and Carlson (1975), both of whom offer well-documented critiques of the medical services in the United States, and blame much of that nation's poor health directly on consumption of medical services and products. Their analyses are in turn critiqued by Navarro (1976).

Do social services help people? Edelman thinks not (1977), and others, including Bailey and Brake who have reviewed social service practice, suggest that social services by their very design can never address true social problems or needs (1969).

Total institutions as "answers" in the fields of mental retardation and psychiatry have long been recognized as having minimal, negligible, or even harmful effects on people, as described in Goffman's classical work in 1961, followed by many more reports of the negative consequences of life in an institution. Yet institutions continue to exist, and new ones are being built.

The therapeutic effects of psychotropic medicines and of psychotherapy have been studied and found to be largely ineffective, and the entire field of psychiatry has had its value seriously questioned, as reported by Szasz (1967) and Torrey (1974) and numerous others.

The notions of self-care and consumer-controlled service alternatives are hailed as important alternatives for today. Illich has given one of the best-documented arguments for individuals taking responsibility for their own health (1975). Various writings by ex-patients and consumer groups, for example, Chamberlain (1980), have advocated patient-controlled alternatives in mental health. But these alternative approaches have not been easy to organize either, and the entire self-care movement, and all solutions based on the lifestyles ideology, have more recently been widely criticized by the radical left. Analyses of the implications of these alternative approaches are discussed by Salmon and Berliner (1979), Borchevink (1980), Grund (1982), and others. Specific critiques of the lifestyles approach in health care are provided by Crawford (1977,1978) and Berliner (1977).

A number of writings suggest that service solutions exist first and foremost to meet the dominant interests in society. Renaud offers one of the more scholarly analyses of this relationship, and its impact on services (1975). Simply stated, he argues that a society will "tolerate" only those

service solutions that are compatible with its economy, and is therefore "unable" to confront its own role in disease causation, a dilemma he calls "structural constraints". Related analyses of the structural dilemmas faced by societies in their attempts to provide human services are offered by Romøren (1973) and Waitzkin (1978).

Summary: Unresolved Dilemmas

The way that human problems are conceptualized and how their origins are explained, and the ways in which the above dilemmas are answered, either directly or indirectly, and either consciously or unconsciously, effects all aspects of service design, provision, and the planning of change. While there are great controversies in the literature concerning both the nature of the problem to be solved, and the best solutions, there does seem to be consensus that one can expect variations from culture to culture, government to government, and over time.

CHAPTER III

METHODOLOGY

Design of the Study

The central procedural method for this study was to form and lead a group of individuals whose assigned task was to identify factors requiring consideration, and to then prioritize these factors according to their relative importance for consideration.

Group members were representatives from nine different professional disciplines, and working within the health and social service fields in Norway. This work group consisted of individuals involved in the education of health and social service workers, as well as individuals working in provision of services, or both.

This work group was responsible for designing and carrying out the work process for achieving the tasks of identifying and prioritizing the factors, within certain given frameworks, and under the leadership of the author of this study.

Issues in Design Selection

Several issues were considered prior to selection of

the method of investigative design for this study, and are briefly reviewed here.

Other study methods could be considered more reliable or more valid, as an investigative method for identifying and prioritizing such factors. Other methods, particularly those directed at aquisition of more quantitative data, may have been easier to manage, in terms of procedural design, collection of data, data handling, and presentation of the results. Interview and questionaire formats in particular would have required less effort from participating subjects, and produced "cleaner" results.

The decision to instead form and lead a work group of practicing human service workers, and assigning the group with the task of planning and executing a process to identify and prioritize the factors, was based on the following conjectures:

1. Human service workers presently engaged in human service work, and/or education of human service workers, are more likely to have firsthand and updated perspectives on:
   a. historical and present service issues,
   b. current problems and dilemmas,
   c. present and future needs of various client populations,
   d. present and future needs of workers,

e. general needed directions for change.

2. Human service workers (among others) may be best suited to define their own learning needs, in this case in Norway and in the area of system design and administration.
3. Future responsiveness to, and application of this study's findings may be greater if the findings come from the Norwegian people themselves, rather than out of a process designed and executed by a single individual who could be perceived as an outsider.
4. Formation and work process of such a group may establish formats for future activity and discussion, to continue the process of defining and developing a program to train human service leaders.

Two other ideas leading to the decision to select such a study design are based on a "trust" in group process and conciliated conclusions, and confirmed by previous experiences of this author that groups can be an effective working format, and are therefore included in this list:

5. Collective opinions and experiences, and a group work process, are likely to produce

a wider perspective than information from any process designed and executed by one person.

6. Group discussion may be more stimulating than other forms of data collection, and could lead to higher levels of interest, and engagement, and may produce a higher quality of resultant output.

Formation of the Work Group

Issues in Selection of Group Members

Several issues were defined and weighed prior to the selection of group members and formation of the work group.

First, desirable characteristics for the group as a whole were considered. Identified as important were that the final group composition should be cross-disciplinary, and that group size should be between seven and ten members.

Additionally, individual group members should have the following characteristics, which were seen as essential:

1. currently working in health or social service, or in education of health and social service workers, or both,
2. members must be Norwegian, and have received their professional education in Norway,

3. living and working in the Trondheim area, where the work will be done.
4. members must have a good working knowledge of the English language.

Lastly, and very importantly, because of the voluntary nature of the work to be done, and the tremendous amount of time and energy required of participating group members, a high level of commitment to the proposed tasks was necessary. Such commitment is difficult to predict beforehand, yet at the same time was seen as essential, both for the ongoing functioning of the group process, and for completion of the work tasks. Group members were therefore selected based on stated interest in the work tasks, and on a promised commitment to completion of the tasks. Group members are therefore not necessarily representative of their discipline, as other selection methods such as random sampling or nomination from within the professional associations were rejected in favor of having a group interested and commited to the tasks.

Finding willing volunteers was not a problem. Word of the proposed study had circulated informally throughout the Trondheim area, and a number of interested persons contacted the author. A total of forty-eight inquiries were received, and more than half of them were willing to make a commitment to the work tasks. Selection of group members was then based on individuals' meeting other criteria for group membership.

Central in the final decision process was the desire to have a cross-disciplinary group composition.

Group Members

A total of nine individuals were chosen, representing nine different professional fields. Since at the first work session of the group, members decided to remain anonymous, they are hereafter identified by discipline, as follows:

1. developmental specialist ("vernepleiar")
2. psychologist ("psykolog")
3. architect/city planner ("byplanleggjar")
4. occupational therapist ("ergoterapeut")
5. medical doctor ("lækjar")
6. special educator ("spesialpedagog")
7. physical therapist ("fysioterapeut")
8. social worker ("sosionom")
9. nurse ("sjukepleiar")

Of these, two were fulltime educators in schools for their discipline, four were employed fulltime in provision of services, and three were employed both as educators in their field and in service provision. Additionally, two were active leaders in their local professional unions. Five were men, and four were women. All had at least four years of working experience in the health and social service fields, and all had received their professional education in Norway.

Work Plan and Process

A general framework for the work process was defined by the author of this study prior to formation of the work group, and this framework was described to those individuals who expressed interest in the study, and in possibly joining the group. This framework is summarized as follows:

Timeframe would be limited to twelve work sessions, over a total period of six months. Work sessions would each be limited to a maximum of three hours.

Responsibility for task completion would belong to the work group, to plan its working process, carry out the work activities, and reach conclusions within the timeframes.

Results defined by the group,(identification of factors requiring consideration and prioritizing of these factors), would be held as true, and not altered by the author of this study afterwards.

Group member roles would include being present, sharing of opinions and experiences during group discussions, and other activities as defined by the group.

Chairperson's responsibility would be primarily to record the group process and results, coordinate any practical details as needed, and non-directively lead the group, if needed and/or desired by the group. The chairperson, as author of this study, also would have responsibility for the

preparation of all final written reports associated with the work group.

Work location would be in the city of Trondheim. Trondheim has many characteristics which are noteworthy relative to this study, and therefore mentioned here. Trondheim is Norway's third largest city, and surrounded by rural areas. It is the seat of one of the four university systems in Norway. It is also the seat of one of the four health and social service regions, and thus also the location of many regional service components. Trondheim also has several of the larger centralized institutions, formerly covering most of northern Norway, and has been a focus of decentralization efforts.

Role of Chairperson

The author of this study also served as chairperson of the work group, and had the following functions:

1. design of the framework for the work process,
2. group member selection and group formation,
3. introduction of tasks and responsibilities to the work group, with background information,
4. lead meetings and discussions if needed,
5. record group discussions and results,
6. responsible for practical details,
7. carrying out other tasks defined by the group,

8. preparation of final written reports.

Following introduction of the work to be done and its background, and presentation of the general framework for the working process, the general leadership style was non-directive. The chairperson remained silent or "neutral" in group discussions. Primary interactions were in the form of questions, primarily to ask for clarification of points, or to guide discussion back to the tasks. Ongoing recording of group discussions and results was the chairperson's primary function during the twelve work sessions.

Method of Recording

The twelve sessions of the work group were recorded in two ways. First, all sessions were recorded on tape cassettes (with the knowledge and permission of group members).

Secondly, each session was recorded by the author using an approach called "group graphics", developed in the United States by David Sibbet.[2] Using this approach, discussions are recorded on large pieces of paper in front of the entire group, providing an ongoing visual display or "group memory" of each session. This style of recording is also a form of

[2] Sibbet, David. A Workbook Guide to Group Graphics. San Fransisco: Sibbet and Associates, 1982.

leadership, in that it can facilitate the work process by helping the group see what is being said, and to be able to refer back to what has been said before. Such displays are also said to help focus group attention, and to assist in the identification of central themes, patterns, and relationships between ideas. Most important for this study, such displays make it easier to draw up a summary at the end of each work session.

The twelve sessions of the work group were recorded by the chairperson using this method, including a summary at the end of each session, which was approved by the group for later use in this paper. The tapings were used as a back-up system, in case of uncertainty later about what had been said or not, but these were never used.

Since the twelve sessions were recorded in Norwegian, both on the tapes, and visually with group graphic displays, translation into English was later necessary for preparation of this paper.

Previous Information to Work Group

Prior to the first meeting of the work group, and in most cases prior to an individual's joining the group, all members had read the proposal for this study. This included a much briefer review of the literature than what is now

included in Chapter II of this paper.

Additionally, group members had read the final draft of the first Chapter of this paper, and thus were informed as to information contained therein, including description of the background developments in the United States, background of the development of the MHHSSDA program, and aspects of the problem to be investigated.

Presentation of Results

The results of this study are presented in the next Chapter, and are separated into two sections.

The first of these sections presents the summaries of the twelve work sessions. These twelve summaries were developed together with the group, and approved by the group at the end of each session, and were later translated into English. They are presented in descriptive formats, primarily in outline form.

The second section is divided into two subsections. The first of these subsections presents names and descriptions of the "factors requiring consideration", as identified by the work group. These are presented in descriptive formats, the Norwegian versions of which were reviewed and approved by the work group. The second of these subsections is a presentation of these factors organized into one of three priority

categories, in terms of their relative importance for consideration, as defined and described by the work group, and prepared by this author in descriptive formats for presentation in this paper.

C H A P T E R I V

RESULTS

Intentions

The purpose of this Chapter is to present the results of this study. A discussion of these results by the author, and comments regarding the design and procedure of the entire study are included in the next Chapter, entitled Discussion.

This Chapter is divided into two main sections. The first section provides summaries of the twelve sessions of the work group. At the end of each session, a summary was prepared by the work group. These summaries were developed by the group from a review of the session's group graphics display, with agreement on key points to be included in the session's summary. It is these summaries, later translated into English by this author, that are presented in the following section.

The second section of this Chapter presents the work group's conclusions. This includes two subsections, one for each of the two tasks the group was assigned to carry out. The first of these subsections is the list of the "factors requiring consideration" as identified by the work group, and their explanation of each of these factors. The second of these two subsections is a presentation of the work group's

results of the task to prioritize the identified factors, in order of their relative importance for consideration. This subsection includes a description of how this prioritizing process was operationalized by the work group, an explanation of the "priority categories", and a presentation of how and why the factors were rated by the work group into one of the three categories.

Work Group Sessions

The twelve sessions of the work group took place in 1983, over a period of nearly seven months, with one session approximately every two weeks.

With the exceptions of Sessions One and Six, consisting of presentations by the chairperson, the chairperson was not at all active in the discussions of the work group, and the points recorded in the following summaries came from work group members.

Mention of possible factors requiring consideration in the following summaries have been recorded in quotation marks and in capital letters, in this manner: "NAME OF A FACTOR", in order to highlight their entry for later reference.

Session One

introductions: chairperson and nine members

- who are you?
- what do you do?
- why are you here?

review of study (methodology and tasks) by chairperson:

- background of problem
- purpose
- goals for the group
  (= definition of the two tasks)
- timeframes
- issue of responsibility for task completion
- role of member
- role of chairperson
- method of recording:
  presentation of "group graphics"

questions? ("no, not really")

suggestions? ("not just yet")

working together: suggestions?

- agree on time/place/tasks at least one month in advance.

work plan:

- next time: members think through list of possible factors.
- develop concrete work plan at next session.

Session Two

present: nine members.

decision: use half of session for discussion, half for work planning.

discussion:

- "SERVICE SYSTEM" - this is central.
  -- system in Norway is national and public.
  -- why important? effects all aspects of administration.
- other factors?
  -- "EDUCATION SYSTEM" - organized differently, especially at doctoral level.

-- "GEOGRAPHY" - rural, mountain, coasts of Norway present special service design problems.
-- "POPULATION" - Norway has less than four million people - easier to manage?
-- "CULTURAL" - traditions, heritage, lifestyle.

conclusion:

- group agrees these five factors are the most important, especially "SERVICE SYSTEM".

work plan:

- how can we find other possible factors?
- how to expand our knowledge of the five factors we have now?
- suggestions:
  -- informal discussions with work colleagues.
  -- review written materials
     (what? who will do it? from where?)
- next time: each member follow up on both of these questions and suggestions.

Session Three

present: nine members.

discussion: new possible factors?

- "IDEOLOGY" = key.
  -- but, what is ideology?
     = reasons why people thought to have problems.
  -- leads to different content of service.
  -- what is not ideology?
     is "IDEOLOGY" so central that all factors stem from it?

conclusions:

- new possible factor: "IDEOLOGY".
- most important factors this far are "IDEOLOGY" and "SERVICE SYSTEM".
- other factors agreed on:
  -- "EDUCATION SYSTEM"
  -- "GEOGRAPHY"
  -- "POPULATION"
  -- "CULTURAL TRADITIONS".
- discussions = very stimulating, but disorganized?
- develop better work plan next time?

Session Four

present: eight members.

decision: half of session for discussion, half for work planning.

discussion:

- legal action: how important for change in USA?
- crisis, chaos, reaction, sudden change: typical in USA?
- issues and problems today: different in Norway? (yes....?)
- is there actually a crisis in Norway today? (no....?)
- unemployment = major concern in Norway today.
  -- this is related to differences in the purpose of education?
  -- new possible factor? (yes....but needs name and clearer definition? discuss next time).

question: how specific/detailed should the factors be?

and: how many do we expect to find?

work plan:

- we need:
  -- better definitions of factors we have identified.
  -- ongoing search for new possible factors.
- how to do this?
  -- discussions with colleagues are helpful.
  -- six possible factors are now identified - each member try to define them for next session.

Session Five

present: nine members.

discussion:

- definitions for six possible factors? (consensus = very difficult).
- need more information on cultural and ideological issues.
- current issues in Norway today are different. new possible factor = "CURRENT ISSUES".

questions: should we get input/feedback from client/ consumer representatives? (yes)

- how?
  -- invite to join work group? (no)
  -- send out existing list for comments? (no)
  -- invite to next session and present our ideas? (yes).
- should we invite practicing administrators also? (yes).

conclusions:

- new factor identified: "CURRENT ISSUES".
- next session will be presentation by chairperson, of our study and results thus far, followed by a discussion with our guests.
- continue definition of factors after discussion.
- chairperson will contact and invite guest representatives.

Session Six

present: nine members.

- three representatives from consumer groups, (mental health association, physically handicapped association, and parents of disabled children).
- four administrators, (nursing home administrator, regional special education coordinator, director of outpatient psychiatry, and family services director).

presentation: (one hour, by chairperson)

- background and purpose of study.
- seven possible factors identified by group thus far.
- comments? suggestions?

discussion:

- all seven guests agreed that these were the most important factors.
- no corrections, additions, suggestions.
- guests impressed and excited by our work.
- all four administrators expressed need for training in systems design and administration, (consumers agreed!)
- general discussion: administration, leadership.

conclusion: (guests no longer present)

- fantastic to have our opinions verified!
- continue discussion of "leadership" next session.

Session Seven

present: eight members.

discussion:

- what is administration? leadership? management?
- is "management" an American concept? (that efficiency is good?)
- "management as a speciality" - is this a factor? related to purpose of education?
- isn't that all under "IDEOLOGY"?
- "IDEOLOGY" as a factor is too broad? (yes).

conclusions:

- "ideology" needs to be more clearly differentiated:
  - -- issue of "MANAGEMENT/EFFICIENCY" = one factor.
  - -- "PURPOSE OF EDUCATION" = factor.
  - -- historical issues?
  - -- issue of responsibility?
  - -- definitions of problems?
  - -- definitions of solutions (for example, prevention =?)
- "ideology" needs to be discussed more next time.
- "geography" and "population" may be not so central, combine into one factor: "GEOGRAPHICAL/DEMOGRAPHICAL".
- next session: clean up factor names and definitions, each member come prepared.

Session Eight

present: eight members.

review: possible factors and their descriptions

- group agreed on these:
  - -- "EDUCATION SYSTEM ORGANIZATION"
  - -- "PURPOSE OF EDUCATION"
  - -- "GEOGRAPHICAL/DEMOGRAPHICAL"

-- "ORGANIZATION SERVICE SYSTEM"
- the following factors need clearer definitions:
  -- "CULTURAL"
  -- "CURRENT ISSUES" (under "ideology"?)
  -- ideology:
     --- "MANAGEMENT OF EFFICIENCY"
     --- "ISSUE OF RESPONSIBILITY"
     --- "RESOLUTION OF CONCEPTUAL DILEMMAS"
  -- "HISTORICAL" (?)

work plan:

- each member review/modify explanations of factor list.
- design process for prioritizing factors discussed next session.

Session Nine

present: nine members.

review: list of factors and their explanations.

conclusion: ten factors identified and explained.

discussion: how to prioritize?

- rank order them by number? (no)
- "categories" of priority, rated by realtive strength of importance? (yes)
  -- how many different categories? (three)

work plan: each member prioritize factors for next session.

Session Ten

present: nine members.

discussion: prioritizing of the ten factors.

conclusion: very little agreement!

- continue at next session (which should happen sooner than planned).
- send out updated, prioritized list to consumer group and administrator representatives for their review? (yes).

Session Eleven

present: nine members.

discussion: (continued) categorizing the factors.

conclusion: group consensus.

work plan:

- chairperson send out final, prioritized list of factors to consumer/administrator representatives for review.
- next session:
  -- review/evaluate our work.
  -- review responses from contacted representatives, (modify, if necessary? no, too late).
  -- plan next steps for working together.

Session Twelve

present: nine members.

review: responses from contacted representatives:

- generally enthusiastic, supportive responses.
- one administrator wrote that we over-exaggerated the importance of ideological variables.

evaluation: our work

- stimulating.
- good research method.
- each member admitted changing opinions via group discussion, =strong belief in group process.

next steps:

- meet again in one month, to define further work.

Summary: Work Group Sessions

The work group completed its two assigned tasks within the allotted timeframes of twelve sessions. Attendance at the twelve sessions was consistently high, with one member

missing from three sessions. There is clear progress from session to session with regard to task completion, including both changes in identification of possible factors for consideration, and in discussions of their relative importance.

Factors Requiring Consideration as Identified by the Work Group

The following ten factors were identified by the work group as "factors requiring consideration":

1. Organization of Education System
2. Purpose of Education
3. Geographical/Demographical Variables
4. Organization of Existing Services
5. Cultural Cohesion
6. Historical Variables
7. Locus of Responsibility
8. Conceptual Dilemma Resolution
9. Management of Efficiency
10. Current Issues

Central explanatory reasons for the identification of these factors as factors requiring consideration are described by the work group as follows:

Organization of Education System

1. Organization of education, especially of higher education, is different than that of the United States. The system of colleges and universities in the United States is replaced in Norway by four "universities", eleven "higher schools of science", and over one hundred "higher schools" organized in regional systems, the latter of which includes training in most of the human service fields.

2. Equivalents of Bachelors and Masters degrees do not exist in Norway. There are instead a variety of levels which vary from disciplinary field to disciplinary field.

3. There exist almost no formats for cross-disciplinary study in Norway, and no established tradition for doing so.

4. Doctoral study does exist in Norway, but is exclusively research-oriented, and focusses on small areas of interest. In general, there exist no organized curricula nor faculties at a doctoral level, as individual study design is expected.

Purpose of Education

1. "Zero unemployment" is a goal in Norway, and education is seen as a major means toward this goal. In general, development of new educational programs is at the "trade" rather than professional levels, where the greatest needs for

jobs and training exist.

2. Development of new specialties, and the related focus on production of new technology and new knowledge fields, is seen in Norway as a reflection, or symptom, of advanced capitalism, and is in general not encouraged.

Geographical/Demographical Variables

1. Norway has a population of about four million people, in contrast with over 215 million people in the United States. Population density in Norway is the lowest in Europe and much lower than the United States.

2. The United States is much larger than Norway, and includes a number of extreme climate variations.

3. Norway's geography is dominated by mountains and rugged coastlines. A number of areas are snowbound in the winter months, and there exist a number of areas reachable only by boat, dog sled, and helicopter.

4. All of these variables are seen to affect service system design and their administration, especially issues of distribution of service, access, and coordination.

Organization of Existing Services

1. All "health" services in Norway are organized under the "social department".

2. Norway has a publicly-financed, nationally-operated

social insurance system, including all "health" services, and this system is the same for all citizens.

3. Related services, such as production and distribution of pharmaceuticals, are also state-owned and controlled in Norway.

4. Health and social service regions have a common boundary with other regional divisions, including education and political organizational units, thus providing a forum for planning, development, and coordination activities. This co-terminality occurs at both regional and local levels.

Historical Variables

Explanations for naming this as a factor are divided into two separate yet related dimensions.

1. duration: Existing services in Norway have been established for a long time, including the system for social insurance which began in 1911. Citizens therefore know what to expect, what they are entitled to, where to go for what service, and what is available.

2. changes: The process of change in Norway is slow, yet steadily progressive. In general, change occurs in response to long and short-range goals. "Planning" in the United States is operationalized primarily in terms of making budget decisions, shifting political party reforms, and is often dominated by prevailing economic (market) forces.

Changes in the United States are typically sudden, and often reactive ("against" something, rather than "for" something).

Cultural Cohesion

1. Norway has relative homogeneity of heritage, life-style, custom, and attitude, compared to the "melting pot" blend found in the population of the United States. This "cohesion" characterizes the nation as a whole, and is also evident at regional levels, where dialects, customs, and values show marked regional variation. This cohesiveness at regional levels was taken into consideration when service region boundaries were established, and in this way organizational service regions build on the natural cultural variation from region to region.

2. Prevailing national attitudes in Norway include a tradition of helping one's neighbors and community, whereas the United States does not have such a sharing tradition.

3. A number of other cultural elements can be described as "typically Norwegian", and related to human services system design and administration, including many attitudes and habits related to a "healthy lifestyle", such as good nutrition and outdoor activity, which appear in the United States more as "fads" than long-standing national traits.

Locus of Responsibility

1. In Norway, the society and its government are seen as responsible for all citizens. This includes defining its roles in causation of disease and human problems, and accepting responsibility for the solutions via its services. In contrast is the individual orientation in the United States, where focus of problem-definition and target for the solutions is the individual person, who is also held in many ways "responsible" for his condition, and assigned the task of bettering him/herself.

2. In the United States, there is a legal focus on the protection of individual freedom, and a notion that too much government intervention can endanger this freedom and the independent, voluntary spirit so valued by its citizens. The degree of social and governmental control in Norway is much stronger, with a focus on equality instead of freedom of the individual, and governmental intervention is not negatively valued.

Conceptual Dilemma Resolution

Many of the central conceptual dilemmas existing in human services today are fundamentally concerned with defining who has what sort of problem and why. Norway as a society tends to more openly discuss such definitional dilemmas, and recognize the ideological implications of such decisions, and

tends to resolve these dilemmas in directions that differ as well. In general, Norwegian society has a "social" view for understanding the origins of human problems, and therefore its problem-solving approach is also different. The split in the United States of health work into two separate fields of both education and actual practice, "medicine" and "public health", is seen as characteristic of this difference. Those service solutions directed at environments and communities are performed in the United States by public health workers, and are separated out from what a medical doctor's tasks are, as if solving two separate problems. How the two lands would be likely to define and solve the issue of "prevention" is another example: individual-oriented solutions in the United States, and solutions aimed at physical and social environments in Norway.

Management of Efficiency

1. That efficiency is valued, and the idea that "time is money", are in general American values not shared by the Norwegian society. Especially in human services, it is openly recognized that a welfare state can perhaps not be expected to be efficient, and certainly not when weighed against quality, and thus may not necessarily be desirable.

2. "Effectiveness" in human services in Norway is measured more in terms of its relationship to quality of the

resulting benefits than concerns of cost and time. Cost reduction in human services is thus never a goal in itself in Norway.

3. Management as a specialty, and especially the management of work and worker efficiency, is seen as an American (capitalist) approach to administration, and is not seen as a desirable leadership style for use in Norway.

Current Issues

Several of the current issues in Norway indicate areas of concern that are very different from those of the United States.

1. A primary concern in Norway today is the threat of unemployment. A number of structural reforms in the work law have been proposed, such as a shorter number of weekly work hours per job, so that every Norwegian can have work. Such a concern, and responsibility for solving it, are furthermore seen as appropriate to the area of health and social service work in Norway.

2. Norway has been under great pressure internationally to speed up its North Sea oil production. Norway is trying to limit such production and hold profits down, which is expected to reduce the likelihood of social disruption.

3. Deinstitutionalization, and in particular the use

of legal action to facilitate this process, in the United States, is paralleled by a slower, more planned building up of community-based services in Norway.

4. Another rising concern in Norway is the popularity of many new "health" and lifestyle products appearing on the international market, primarily from the United States.

5. Costs of services are rising in both Norway and in the United States, but are not seen as a crisis in Norway.

6. The most serious health problems identified today in Norway are seen as related to work and social conditions, including a tremendous amount of industrial pollution coming from central Europe.

Prioritizing of Factors

Description of Priority Categories

The work group defined three levels or "categories" of priority for consideration. Factors were rated into one of these three categories. Rating of a factor was based on its likely relative strength of impact as a determinant of suitability of the MHHSSDA program for use in Norway.

The first of these three categories is called "serious and probably insurmountable". Factors receiving this highest priority rating were seen as the most important to consider. These factors are differences between the United States and

Norway are seen as so fundamentally important as to pose a serious challenge to the desirability or appropriateness of such a program transfer.

The second priority category is called "major, but probably controllable". This rating is assigned to factors judged to be very important to consider, but for reasons that probably can be compensated for or overcome.

The third priority category is called "minor and/or easy to modify". This lowest priority category includes those factors that deserve attention, but are not sufficient to question suitability of the program for use in Norway, and which represent differences that could easily be adjusted to.

Prioritized Factors

The ten identified factors requiring consideration were rated by the work group into one of these three categories, as shown in Table One.

Table One

Factors Requiring Consideration
Ranked in Priority Categories

NAME OF FACTOR	PRIORITY CATEGORY		
	minor	major	serious
Organization of Education System	X		
Purpose of Education			X
Geographical/ Demographical	X		
Organization of Existing Services		X	
Cultural Cohesion		X	
Historical Variables		X	
Locus of Responsibility			X
Conceptual Dilemma Resolution			X
Management of Efficiency			X
Current Issues			X

Two factors received the lowest priority rating of "minor". The first of these two factors, "Organization of Education System", was judged important to consider, but also technically easy to adjust or modify, if such a transfer were to take place. Differences in the two educational systems are numerous, but were not seen as significant enough to threaten the suitability of a program such as the MHHSSDA program for use in Norway. Placement of such a program into existing structures of the Norwegian education system, and decisions such as the level or degree to be awarded, were seen as potentially solvable, and thus this factor was given the lowest priority rating.

"Geographical/Demographical Variables" also received the lowest priority rating. Such variables have known effect on many aspects of service system design and administration, and a great number of differences exist between the United States and Norway with regard to these variables, thus having implications for the relevance of much program content designed for use in the United States. Such adjustments in specific areas of program content were seen as noteworthy, but easy to modify, and therefore this factor received the lowest priority ranking.

Three factors received a middle priority rating, and were seen as "major". The first of these, "Organization of Existing Service", was seen as involving a number of related

variables which differ greatly between the United States and Norway, and would require major alterations, for example in several areas of program content. Such alterations were seen as important and major, but possible, and this factor was not seen as posing any major obstacles in use of such a program in Norway.

The two factors, "Cultural Cohesion" and "Historical Variables", were both rated in the middle priority category also. Both of these factors were seen as consisting of many important variables, requiring major attention. Since these variables are known to affect many aspects of service design and administration, as well as leadership style, a great number of alterations in program content would be required, if such a transfer were to take place. Although these modifications were many, and important, they were seen as possible to accomplish, and therefore these two factors were rated as "major, but probably controllable".

Five factors were rated in the highest priority category. Thus, half of the identified factors requiring consideration were judged as "serious, and probably insurmountable" in terms of their challenging the suitability of such a program transfer.

"Locus of Responsibility" and "Concept Dilemma Resolution" were seen as variables so fundamental to all basic approaches to problem-solving that they affect all aspects of

service design and administration, including most essentially the definition of the problems to be addressed, and the targets for needed solutions. Two societies having such divergent problem-solving frames of reference in human service were not seen as likely to be able to share an educational program to train human service leaders. Therefore, these two factors were rated in the highest priority category, and represent obstacles for program transfer seen as "insurmountable".

The remaining three variables, "Purpose of Education", "Management of Efficiency", and "Current Issues", are factors that represent many important differences between the United States and Norway, and all three factors were rated in the highest priority category. All three of these factors were seen as providing serious reasons to question the need, and the desirability, for such a program in Norway. Because of their representing challenges at such fundamental levels, all three factors were rated as "serious" and judged to be "probably insurmountable".

Thus, the identified factors requiring consideration raise many major and serious questions about the suitability of such a program for use in Norway. A number of areas of program content were found to require such major alteration that such modification may not be possible. These results also raise serious questions about the need and purpose of such a program, challenges that may be insurmountable.

C H A P T E R V

DISCUSSION

Intentions

This Chapter provides a discussion by the author of this study, including its results, its process, and its basic study design.

The first part of this Chapter discusses the results of this study, both in relation to the five stated hypotheses, and followed by a discussion by the author of the work group results.

The second part of this Chapter discusses the study's procedure, focussing on a discussion of the work process of the work group.

The third and final part of this Chapter discusses the design of this study, including the use of a work group as an investigative method, and a general critique of the study design.

Discussion of Results

In Relation to Stated Hypotheses

In response to the five hypotheses stated in Chapter One, the following conclusions may be drawn from the results

obtained in this study:

1. This study's results indicate that differences do exist between the United States and Norway.

2. A number of differences between the United States and Norway were found to have implications for the likely success of transfer of a program such as the MHHSSDA program from the United States to Norway, either because they are related to variations in educational structure or outcomes, are variables affecting design and administration of service systems, or raise fundamental ideological questions about purpose, need, and content of such a program for use in Norway.

3. This study was able to identify ten factors.

4. Factors were found to vary in their degree of importance, showing variability in their likely impacts on the suitability of such a program for use in Norway.

5. It was possible to rate the ten identified factors, according to relative importance for consideration. Factors were ranked within one of three priority categories, according to how strongly they could affect the desirability or appropriateness for Norway of an educational program designed in the United States to train human service leaders. Two factors were rated as having "minor" impact on the likely success of program transfer, were seen as "easy to modify", and received the lowest priority rating. Three factors were

rated as "major", and which represented differences that were seen as "probably controllable", and these were rated in the middle priority category. Five factors, or one half of the total, were rated as "serious", representing obstacles that were seen as "probably insurmountable".

Comments: Work Group Process

A number of comments can be made regarding the conclusions made by the work group in this study.

Some of the variables predicted by the author as possible factors that might require consideration, described in some of the background discussions in the first Chapter of this paper, were not confirmed by the work group's conclusions. This includes the issue of "Current Issues", mentioned in Chapter One as an area of apparent similarity between Norway and the United States, and used as part of the argument for the need for this study. Yet the work group not only identified this very issue as a factor requiring consideration, but described it as a serious difference between the two lands, and gave it a highest priority rating.

A number of comments can be made regarding patterns in the work group's process of factor identification, as indicated by the work session summaries. It appears that those factors identified as possible factors requiring consideration early in the work process had their origins in descriptions

provided by the author in background materials read by the work group members prior to the first work session, including geography, population, organization of services, and other variables. Such differences are perhaps also easier to identify and define quickly. It is interesting to note that at the end of the second session, the work group had concluded that they had at that point in time identified the five most important factors requiring consideration, yet that each of these five factors decreased in importance for consideration as the work process continued, and in the final conclusions, none of these five factors were included in the category of highest priority factors.

It is clear from the factors identified, and the ratings of priority assigned, that ideological differences between the two lands dominate the results. It was a very difficult task to differentiate between several of the factors because of their common roots in ideology, and where ideology was the real difference. The work group had greatest difficulty sorting out "cultural" variables from its other discussions, and in general could not develop clear definitions on most of the ideological factors.

Discussion of Work Process

A number of important comments regarding the process of

the work group are relevant to a discussion of this study. In particular, the subjective experience as a non-directive and essentially non-participating leader deserve comment.

It was both exciting and frustrating to function as an observer and recorder of the work sessions, without being able to join the group discussions. On one hand, it was rewarding to be able to learn to trust the group process, and accept the "fact" that the work group by design of the study was "right". In practice, this meant holding back the temptation to guide the discussion in different directions, which would have been possible via a number of indirect ways such as asking leading questions, "failing" to record points of disagreement on the group graphics display, or various nonverbal hints of either approval or disapproval. Especially in the initial sessions, the group seemed to expect more response from the chairperson.

One particular difficulty was that the work group members actually had very little cumulative knowledge about the United States, with regard to current and past human service issues, existing service practices, and daily life and attitudes in general. At times, discussions were dominated by misconceptions, and even myths and prejudices (in this author's opinion) about the United States and its people, most often of a negative nature. This problem was not anticipated prior to beginning the work process. It was therefore also

not corrected underway, since the study design had given the work group itself the responsibility for gathering and analyzing information, and reaching conclusions.

It should also be noted, that as sessions progressed, the work group became more and more task-oriented. While it is not evidenced in information provided by the work session summaries, the first sessions included a great deal of discussion about how such a doctoral program could be started in Norway, including often much detail about needed content modification, appropriate student populations, what possible learning formats could be arranged, and where such a program could be located. Group members became clearer in the later sessions about the precise tasks the group was expected to accomplish, and provided each other with back-to-task hints, so that intervention by the chairperson was not necessary. While a great deal of time was used to discuss these other topics, such discussions were somewhat related to the tasks, and perhaps more importantly, were very stimulating and energy producing, providing both for a strong group spirit, and a platform of common interest upon which to build further activities.

Discussion of Study Design

This study design had as its tasks to identify and then

prioritize factors requiring consideration. The procedural design for accomplishing these tasks was formation by the author of a cross-disciplinary work group composed of nine Norwegian health and social service workers and educators, whose assigned task it was to identify and prioritize these factors. This work group had responsibility for designing its own information gathering and analyzing processes. The conclusions of the work group, plus their twelve sessions of work process, then form the results of this study.

This study design was selected over a number of other possible investigative methods, and a number of issues are important to discuss in regard to such a study design.

Variables Possibly Affecting Results

A number of variables in the study process probably had an effect on the results of this study, and require comment.

Group membership was mentioned as a possible limitation of this study's design, and reasons were outlined for why such a design was chosen instead of other possible approaches to the tasks, as described in Chapter Three. It does appear that characteristics of group members could have affected the results in a number of ways. First, members of the work group can in no way be considered typical, and certainly not in a statistical sense. Human service workers in general tend to be more interested in social issues than other people, and

in Norway this is probably even more true than in the United States. In Norway also, human service workers tend to be more politically actively engaged, and with sentiments to the left of the general public. This seemed to be particularily true for these group members, and could partially explain their emphasis on ideological factors, and the number of factors identified as high priority that are of an ideological nature.

Member selection was also not random, but based on a volunteer process. Stated interest and commitment was also required from group members. While these variables of interest and commitment to the tasks probably affected the outcomes of the study, one could expect that this would be true in a positive direction, in that rather than coloring the actual content of the results, dedication to the task may have instead produced results of a higher quality.

Group dynamic was a third factor built into this study design that certainly affected its results in several ways. This had been mentioned as a possible, and even hoped-for, variable affecting group process and outcomes, and this did seem to hold true.

Critique of Study Design

The decision to use a work group as an investigative method was based on several conjectures outlined in Chapter

Three describing Methodology. Those conjectures appear to have been correctly assumed, judging from the experiences of this author as chairperson of the work group. Human service workers do seem to be informed and interested in past, present, and future service issues, problems, and needs. Working together in a group does seem to have several influences on results, and many of these are positive influences, including that collective experience and knowledge shared via discussion not only provided a broader perspective on the issues as had been predicted, but also changed opinions of members. Additionally, several variables of the work group and its process may have had a positive effect on quality of results, as well as on their contents. Lastly, the group expressed interest and commitment to continue working together, towards development of education in Norway for training human service leaders, and this is seen as a direct outcome of this study's designed process.

A number of problems regarding information to the work group, both background information prior to beginning the sessions, and lack of information about the United States underway, are acknowledged and could have possibly been better planned for had they been anticipated. The chairperson, for example, could have had an additional role as an information source to the group, or other styles of leadership could have been employed.

The major effect on the results from the group dynamics was that group members changed their opinions, both as individuals and as a whole group, and concerning both the identification of factors requiring consideration, and their relative priority.

Three group members were relatively dominating, both in their general manner, and also in their relative breadth of experiences and knowledge. Two of these three were additionally well-prepared in advance for each session, and in many instances these three members seemed to control or influence group decisions. One other member who was relatively non-involved in most discussions was clearly respected by most group members, and often changed group consensus with the few comments offered. Another member appeared very uncertain, and often withdrew opinions not shared by others. These are all examples of how roles within a group may have influences on the content of the results.

Most opinions, however, were changed via the process of sharing and discussing new information and experiences. In several instances, the opinions of all members, including that of the chairperson, were altered following group discussion. This indicates that such "collective" data is different from data gathered separately from individuals.

As mentioned previously, the enthusiasm in the group discussions is another variable that probably affected the

work group's results. This would probably have affected the quality of the results, rather than alter their actual contents. It is doubtful that information gathering methods such as questionaires or interviews could have generated so high a level of interest and energy.

Assignment to the group of the responsibility for task completion may also have positively influenced the outcomes of this study, in that the work group's commitment to the process and conclusions was strengthened by their feeling that the study results were "theirs", and that their inputs were therefore not only important but conclusive.

CHAPTER VI

SUMMARY AND IMPLICATIONS

Summary

The present conditions and planned new directions in human services in Norway appeared to resemble in many ways those of the United States, and it was thought that a doctoral level program designed in the United States to train human service leaders with new competencies in designing and managing the many changes, could also be of use in Norway.

This study then hypothesized that certain differences existed between the United States and Norway, and that some of these differences would have an influence on the suitability for Norway of an educational program developed for use in the United States, and were therefore differences that should be identified and considered prior to transfer to Norway of such a program.

Paucity of literature in this area of research was not helpful in limiting or defining the area for study. A number of variables reported to affect the design and administration of human service systems were described in the literature, as well as many definition and conceptual dilemmas, all of which were reported to show variation from society to society. Many of these reported differences were at least

somewhat verified by the results of this study.

This study was designed to identify those factors that would require consideration, if a program such as the doctoral level MHHSSDA program were to be duplicated as is for use in Norway, and then to prioritize these factors, in order of their relative importance for consideration.

The method used to study this question was formation by the author of a cross-disciplinary work group consisting of nine Norwegian health and social service workers and educators, whose assigned task it was to identify and prioritize the factors requiring consideration. Selection of this rather unusual study design was based on several conjectures, one of which was a trust in the group process to produce results that would somehow be "greater than the whole of the individual parts". This was probably verified by this study.

The work group consisted of nine members, from nine different human service fields, including both individuals working in service provision, or in the education of health and social service workers, or both. The group met in a total of twelve work sessions of approximately three hours per session, over a period of seven months in 1983. Work group members were assigned responsibility for designing and carrying out their own information gathering and analysis, and for completion of the tasks of identifying and prioritizing factors requiring consideration, within certain frameworks

established by this author who also functioned as group chairperson. Roles of the chairperson were to initially introduce the task and its background, outline the general work process and its timeframes, and then function primarily as a recorder of the work group's twelve sessions.

Ten factors requiring consideration were identified by the work group, and were then ranked into one of three priority categories, based on relative importance for consideration. These work group conclusions were reviewed by representatives of consumer groups and by practicing administrators, both underway in the process and in the final stages, and were approved without suggestion for modification.

Five of the identified factors were rated as "probably insurmountable" differences between the United States and Norway, in terms of their presenting serious obstacles for the likely suitability of such a program for use in Norway. Most of the factors rated in this highest priority category were of an ideological nature, and were seen to challenge both what content would be appropriate in such a program, as well as the purpose and need of such a program in Norway. Five other factors were identified and rated as either of "major" or "minor" importance for consideration.

Use of a work group as an investigative method was found to have many possible advantages over more traditional

study designs, and in any case affected this study's results in a number of ways. Sharing and discussing of information and experiences strongly affected individual and even group opinions, in the final synthesis of factor identification. These discussions provided not only a broader base of collective data, but further suggested that actual content of the results was affected by this work process. Additionally, the interest and commitment of work group members to the tasks created a stimulating form of work energy that appeared to increase work output. This variable of the work group process, together with the creation of collective, conciliated data from nine individual sources, suggests that data obtained from other study methods would be different, and possibly of lesser quality.

One clear result from this study's working process, and resulting from the positive experiences of group members, was establishment of a working format commited to further work in planning and developing an educational program in Norway for training human service leaders.

Implications

Identification and prioritizing of these factors requiring consideration has produced both a set of results, and has also established a group work process, leading to several

related implications.

As stated in the Introduction sections of this study, the results of this study have limited use in and of themselves, and are best utilized as one step in a larger and longer process. This study, including aspects of both its process and its results, has had several impacts on establishing such a chain of events. First, this study has stimulated a great deal of awareness and interest in Norway, of the possibility of developing such an educational program for use in Norway. Secondly, the factors identified as requiring consideration have provided a guide for thinking about the issues involved in making such decisions, and for re-defining possible directions that would be better suited in meeting Norway's needs for training. Additionally, the formation of a work group for this study, and its positive experiences in working together, have created a possible and willing working format, interested in the continuing process of planning and developing such training possibilities in Norway.

One of the next steps would appear to be a closer look at Norway's most important training needs, since the results of this study raised fundamental questions about the purpose and need of educational programs. The work group had, at the time of this writing, already begun to examine this issue, and had outlined a plan for future activities together.

Possible Areas for Further Study

It would be interesting and important to test out the reliability and validity of study designs using work groups as a method of investigation, in contrast to the more traditional methods such as interview or questionaire formats. Of most interest here would be to discover if the quality of results could somehow be measured and contrasted. Clearer identification of other advantages of using work groups in certain types of investigative study should also be explored.

Comparative data from the United States would also be an interesting and valuable study. What factors would human service workers and educators in the United States identify as requiring consideration in such a transfer?

Implications for International Transfers

This study has some clear implications for other lands that are interested or may be interested in duplicating educational programs designed in one land for use in their own.

First, this study suggests that a number of differences may exist between the two lands considering such a transfer, and that many of these differences should be identified and considered prior to transfer. Further, one may expect that the differences requiring consideration may vary

depending on the field of educational study being considered, as this study identified a number of factors having direct relevance to education in human service administration only.

Additionally, and perhaps most importantly, one may expect that lands having great ideological differences will also have different needs for what educational content is desirable and appropriate, and that a process to identify differences between the two lands that would require attention prior to an educational program transfer may be expected to involve a number of ideological questions and solutions.

This study indicates rather clearly that health and social service work is not a politically neutral field, that related activities such as the education of such workers will reflect this ideological nature, and that this will be most intense and important in international work.

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